Revision: HCFA-PM-91- 10 (BPD)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY A	STATE P	NA.TC	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	A
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**GEORGIA** State/Territory:

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

TN No. 91-36 Supersedes TN NO. NEW

Approval Date 4-14-92

Effective Date 10-1-91

HCFA ID:

Revision: HCFA-PM-91-10

(BPD)

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STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT	
State/Territory:			GEORGIA							

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

The name of the nurse aide training and competency evaluation program or competency evaluation program certifying competency is collected for administrative purposes only.

TN No. 91-36 Supersedes TN No. NEW

Approval Date 4-14-92

Effective Date  $\frac{10-1-91}{}$ 

HCFA ID: